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## APPLICANTS

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## \*\*\* CONTINUING DATA \*\*\*\*\*

NONE *DA*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE *DA*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

## \*\* SMALL ENTITY \*\*

\*\* 10/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 5	TOTAL CLAIMS 5 4	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>Dave W. Galt</i> Initials			

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## TITLE

Fish biting indication device

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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